

COVID-19 Pandemic Highlights Heightened Bereavement Exposure of People Living or Working in Nursing Homes

Loss and death are inevitable components of the human experience. Regardless of circumstance, each of us will at some point have to confront the raw pain that comes with the loss of a loved one. Typically viewed as a deeply personal experience, bereavement is often life-altering for those left behind, and the repercussions of loss can have significant, long-lasting effects on the health and behavior of affected individuals.

The COVID-19 pandemic has highlighted the debilitating effects of death and loss on a global scale. For the past two years, exposure to bereavement has grown as the global populace struggles to come to terms with the massive losses caused by the spread of the SARS-CoV-2 virus. For individuals working or living in long-term congregate care settings such as nursing homes, the past two years have brought a deluge of COVID-related casualties. People employed in these locations, as well as residents and family members, have experienced high levels of exposure to loss as the pandemic has ravaged settings of congregate care.

Despite the widespread prevalence of loss and mourning, there is a dearth of discussion surrounding bereavement in nursing home settings, and a scarcity of data examining the effects of bereavement on an individual's health and behavior. Discussions and procedures related to end-of-life planning, hospice care, and palliative treatments have become more common, but few steps are in place to handle bereavement. We need to capture better information on the prevalence of bereavement and its impacts on the people exposed to it, including staff. We need to accumulate data to understand the impact of bereavement on those affected.

Measuring Bereavement

Convergence Center for Policy Resolution hosted a small-group drilldown session in January as part of its Dialogue on Reimagining Care for Older Adults. The group of care experts considered the implications of bereavement on population health and for the long-term care system and practice and policy changes that should be made.

The session highlighted the work of [Dr. Toni Miles](#), Professor of Community Health at Morehouse School of Medicine. In 2019, Dr. Miles spearheaded the inclusion of bereavement-related questions in the Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), a first of its kind effort to capture population-level data on the impact of bereavement in the state of Georgia. In the survey, 45% of adults aged 18 and older were bereaved. This translates into almost 4 million persons before COVID. The data collected through the 2019 Georgia BRFSS highlighted the presence of disparities in the burden of bereavement among different populations within the state, with stark differences measured among age and self-identified race groups, as well as showing an increased risk of unhealthy behaviors (such as binge drinking and smoking) among the recently bereaved. These findings underscore the importance of classifying bereavement as a social determinant of health and measuring it as a health risk factor in population-wide trends.

Disparities in Exposure to Bereavement & Implications for the Care Workforce

Data from the 2019 Georgia BRFSS measured the highest rates of bereavement to be among individuals 35-64 years of age. Rates of bereavement were lower among adults aged 65 years and older. This disproportionately age-related effect can be explained by considering that the majority of caregivers – both “informal” family caregivers as well as professional caregivers – fall into this age

band. These people comprise America's workforce and primary family support group. Further research is needed to explore why people in this life stage are bearing the highest rates of bereavement exposure. Do the higher rates reflect their pivotal role in their families, in the workforce, and the larger community? Individuals 35-64 years of age are generally the people who "hold up the sky" for everyone else as parents and as caregivers for other family members.

The 2019 Georgia BRFSS findings also show a disproportionately high burden of bereavement among individuals self-identifying as Black, with nearly 60 percent of Black respondents reporting a new bereavement in the two-year window prior to the survey. It is well documented that cumulative disadvantage is associated with premature mortality among a broad group of Americans: rural residents, racial/ethnic minorities, and LGBTQ+. Untimely deaths in these social networks perpetuate a continuing cycle of disadvantage through an unmet need for replacement of the resources lost in the network when its critical members die.

In addition to disparities among age and race lines, the survey also found increased health risk in the form of unhealthy behaviors among the recently bereaved. For instance, individuals who reported bereavement had a higher risk of binge drinking, regardless of gender, as well as an increased risk of smoking, poor physical health, and poor mental health when compared with non-bereaved persons.

When examining the effects of exposure to bereavement, it is important to appreciate that individuals living or working in settings of high exposure to bereavement will incur disproportionate risk and increased effects on their behavioral and health outcomes. Indeed, data collected by the National Healthcare Safety Network (NHSN) – examining mortality rates among the nursing home workforce throughout the pandemic – paint a stark picture of the widespread net that bereavement casts among exposed individuals. The NHSN data found that every single nursing home staff death is linked to 5-9 coworkers, 5-15 residents, and 9 family members, indicating that loss creates a circle of bereavement with significant implications for the health and vitality of our caregiving workforce as well as the long-term care population.

These disproportionate impacts of bereavement across communities, age groups, and workplaces underscore the importance of viewing bereavement as a factor driving health disparities.

Planning for Bereavement & Building Bereavement Resilience

The general lack of understanding around the effects of exposure to bereavement underscores the need for policy changes and structural shifts aimed specifically at building bereavement resilience for individuals, communities, and workplaces with higher exposure rates. Members of the drilldown group recommended several steps. One was that nursing homes and other congregate care institutions need to ensure that their staff training practices, as well as professional and development policies, include information on bereavement and resilience best practices, so that workers can understand and address their heightened risk. Another recommendation was that health insurance providers should begin capturing data on bereavement in order to capture structural losses and examine changes in coverage or usage among family members following exposure to loss. Dr. Miles' work in the 2019 Georgia BRFSS shows that structuring this annual, state-wide survey to include questions about bereavement and loss has been an effective way of capturing data and population trends. That led to the recommendation that states include similar questions in their state-specific BRFSS modules in addition to the federal core survey questions administered by the Centers for Disease Control and Prevention (CDC). Doing so would help capture bereavement exposure numbers across the country and allow for the comparison of risk and outcome trends among states.

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